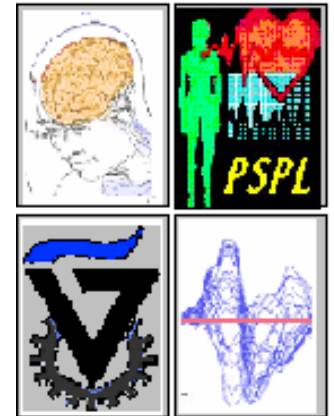


**TECHNION – Israel Institute of Technology**  
**Department of Electrical Engineering**  
**The Physiological Signal Processing Laboratory**

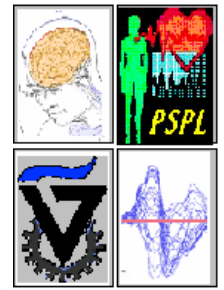
# Subjective VS Objective Pain Assessment

**Presented by: Michael Dvorkin**  
**Ilya Fux**

**Supervised by: Dr. Danny Lange**



**The Kasher Contest – In memory of Yehoraz Kasher**

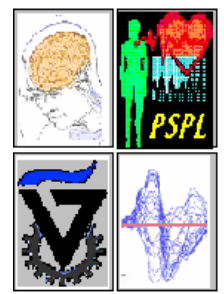


# The Problem

Objective **Pain** measurement  
Possible?



Goal – Check feasibility of an objective  
**pain** measurement system



# Previous Efforts

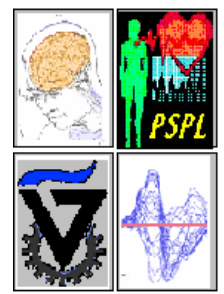
Physiological  
phenomena

Verbal scales

MRI based



**Inadequate for  
objective pain  
assessment!!**

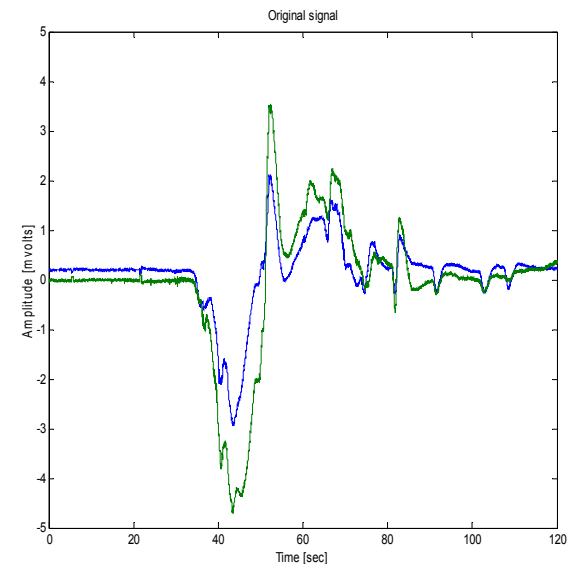


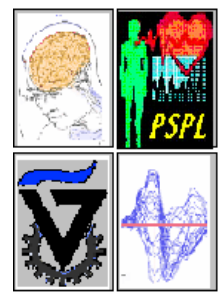
# Solution Proposal

- Recent discovery - pain sensation is followed by an **electrical activity** on subjects forehead.
- Probably, caused by the **parasympathetic nervous system**.

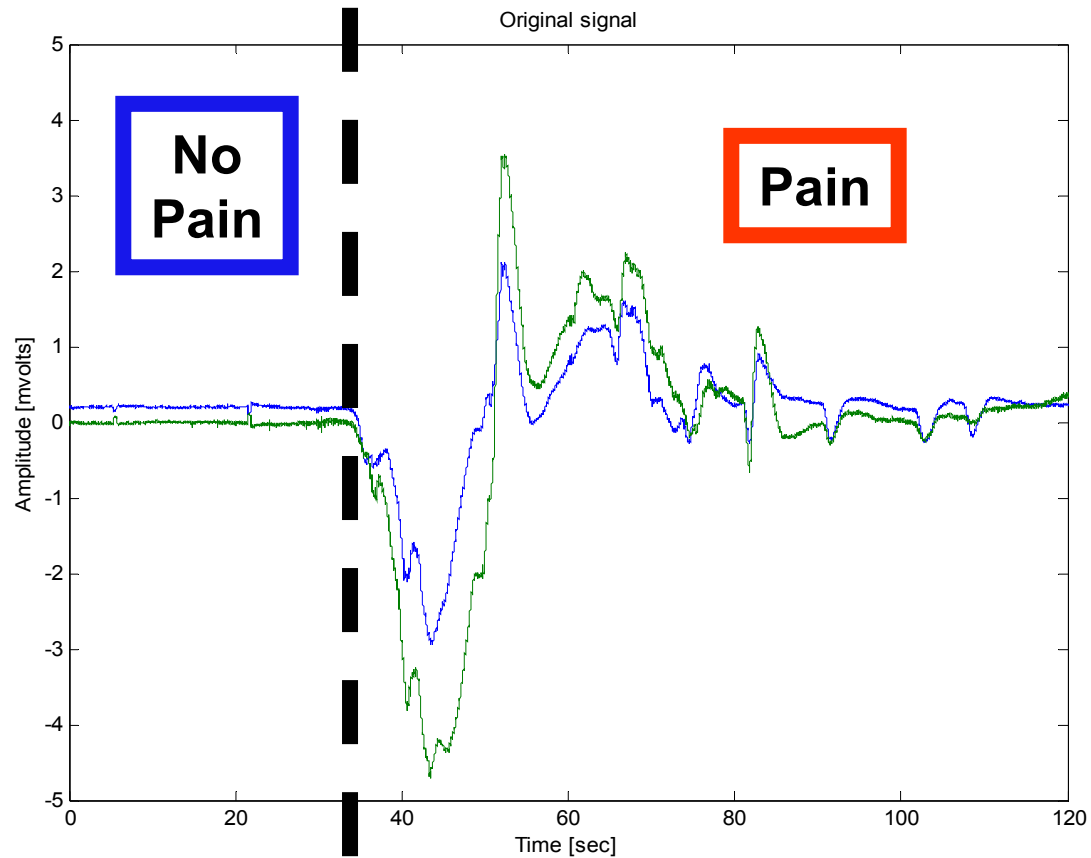
## Phenomenon Properties

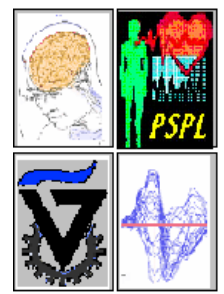
- **Difficult** to measure
- Strongly **varies** from subject to subject
- Amplitudes – up to **5mV**
- Low band signal, **0.5Hz - 5Hz**



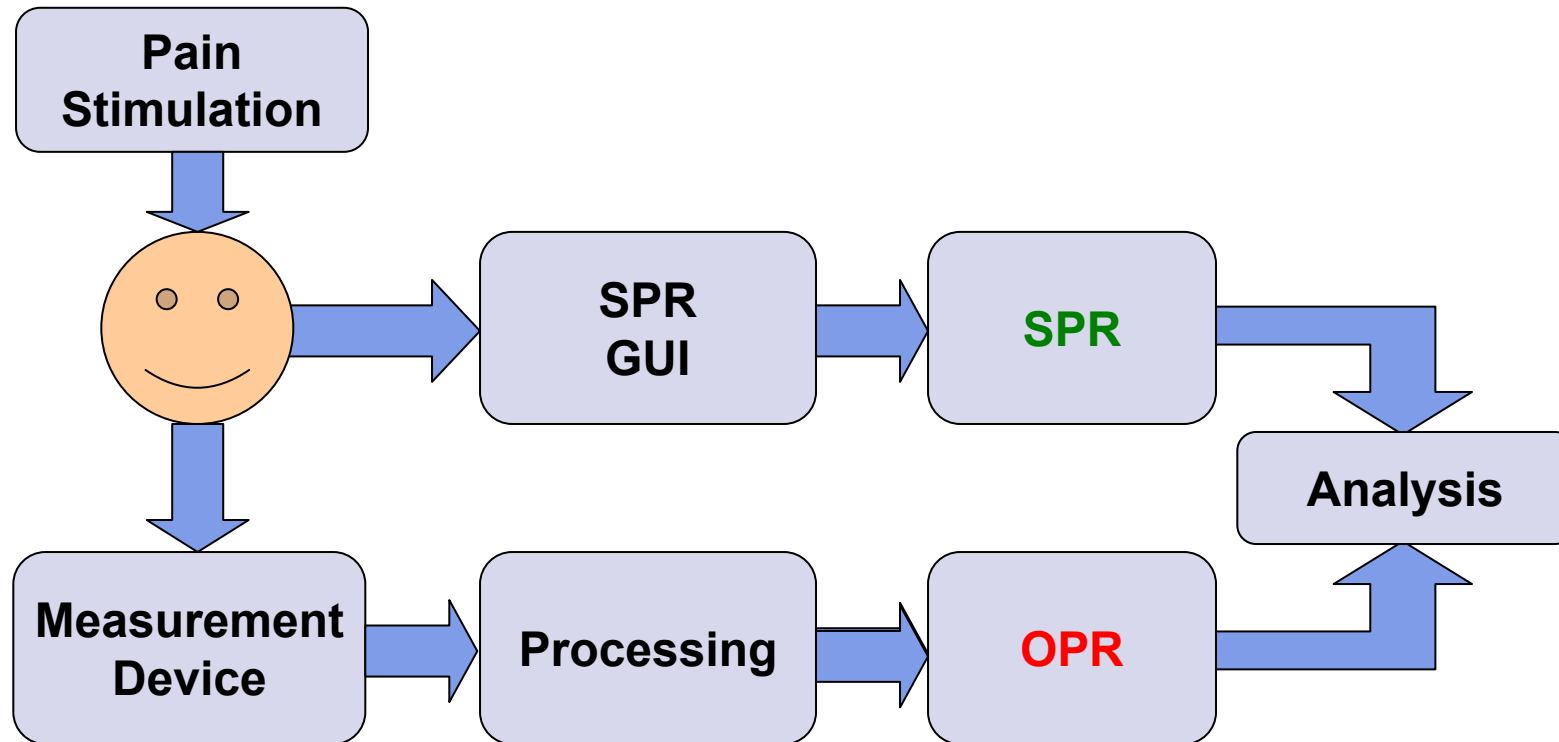


# Typical Signal



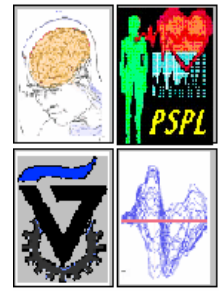


# Basic Approach



**SPR** – Stands for **S**ubjective **P**ain **R**eport

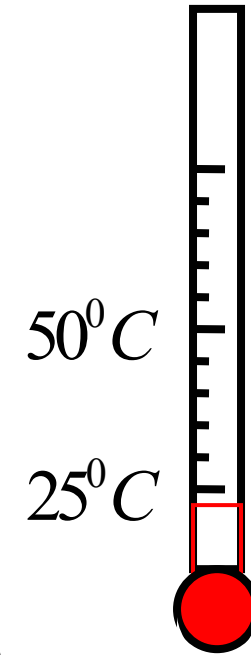
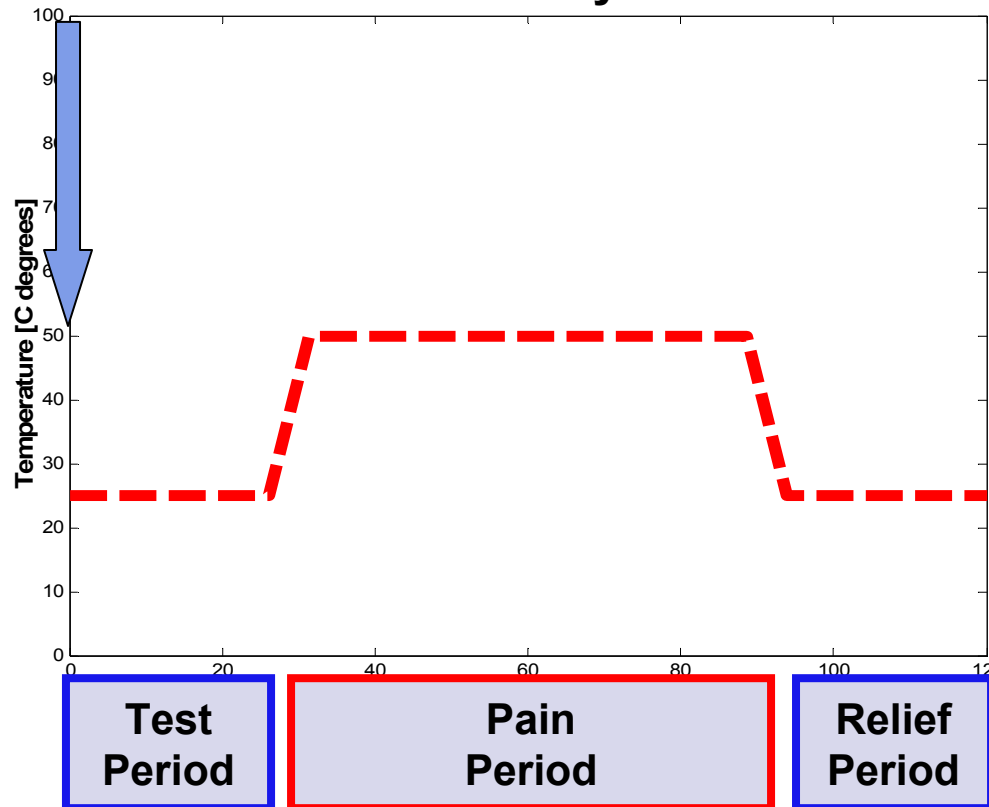
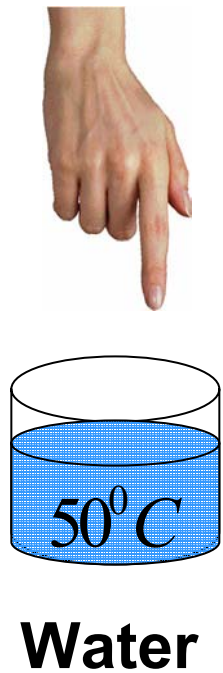
**OPR** – Stands for **O**bjective **P**ain **R**eport

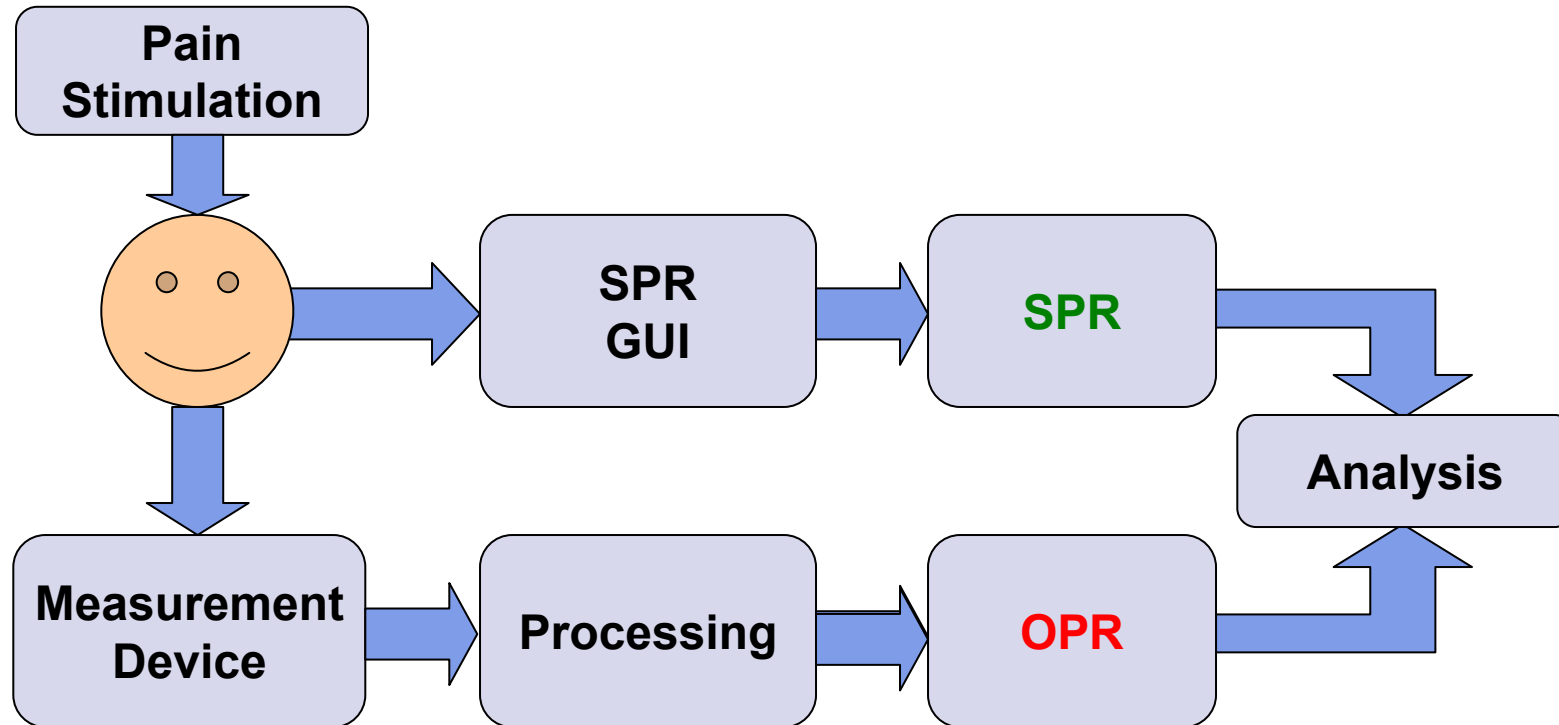
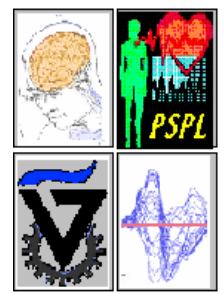


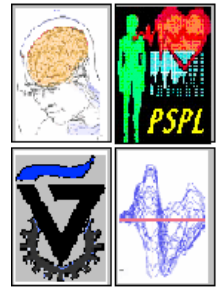
# Pain Stimulation

A **heat** based Pain source was used.  
Hurt regions: Hands (Left & Right)

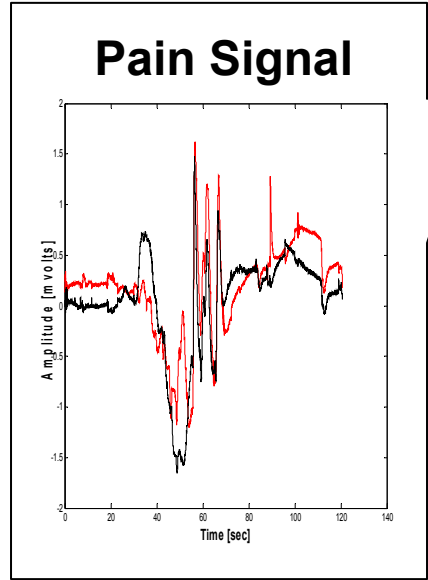
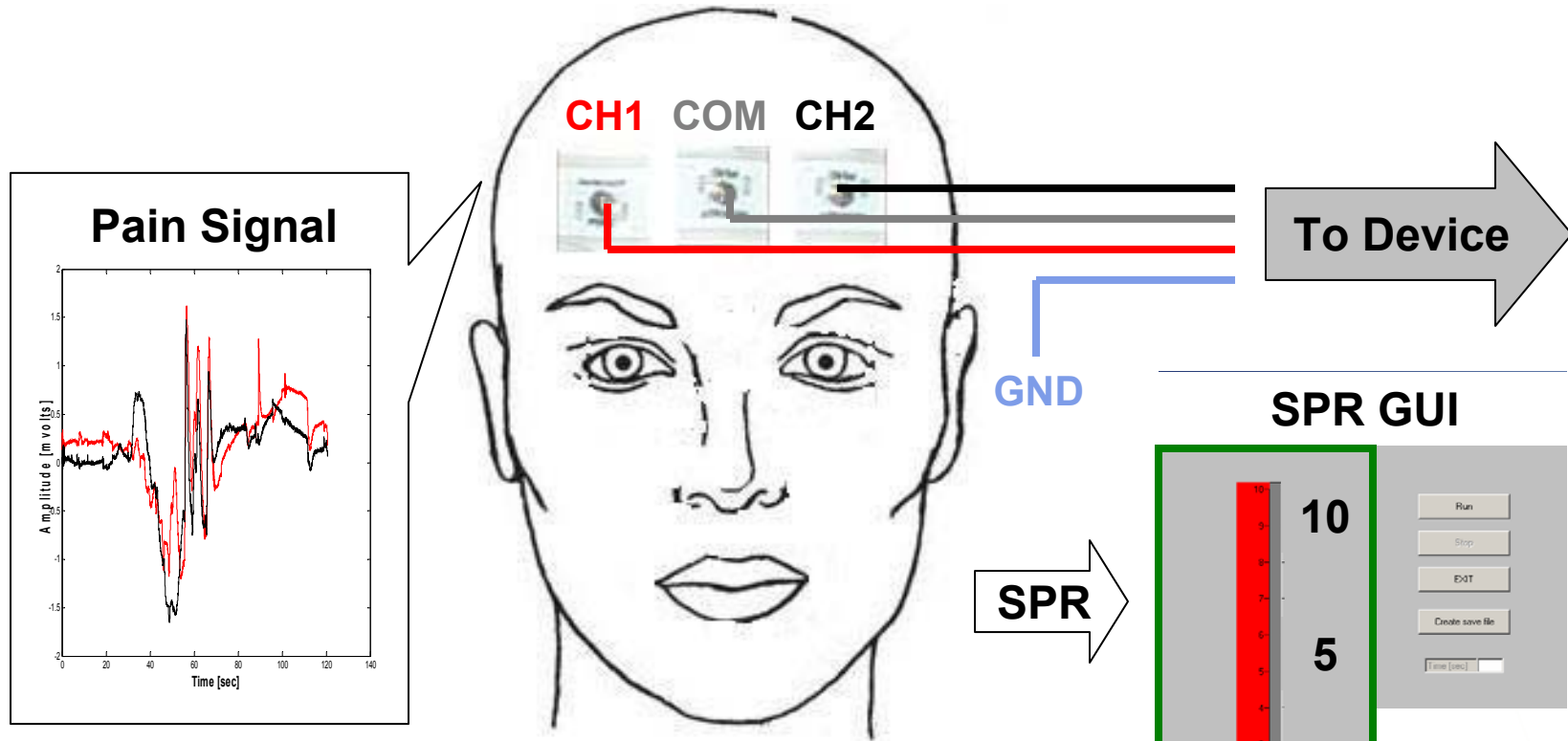
Pain source Dynamics



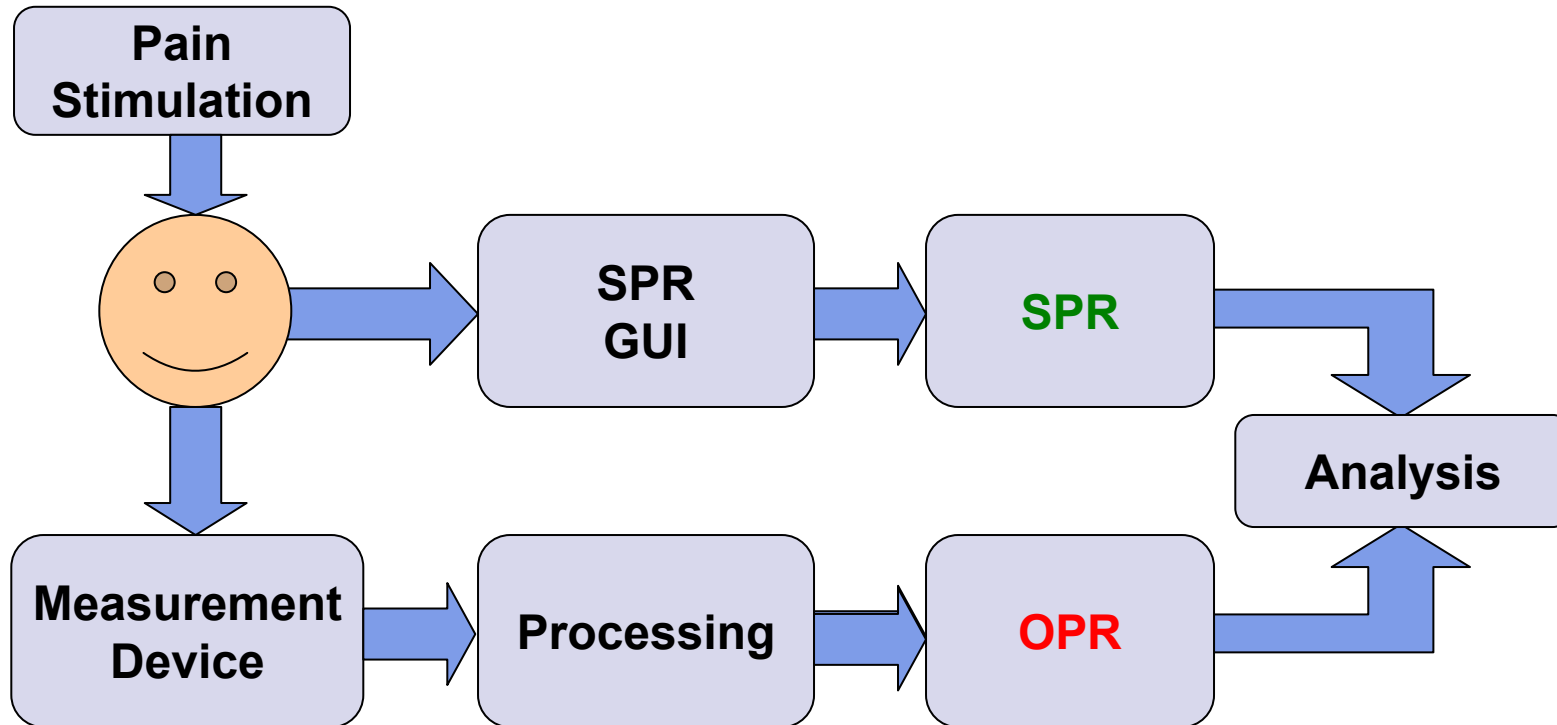
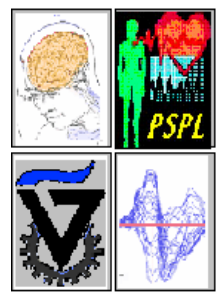


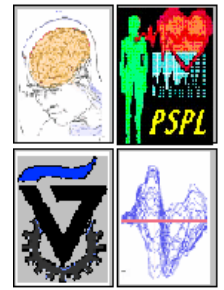


# Experiment Structure

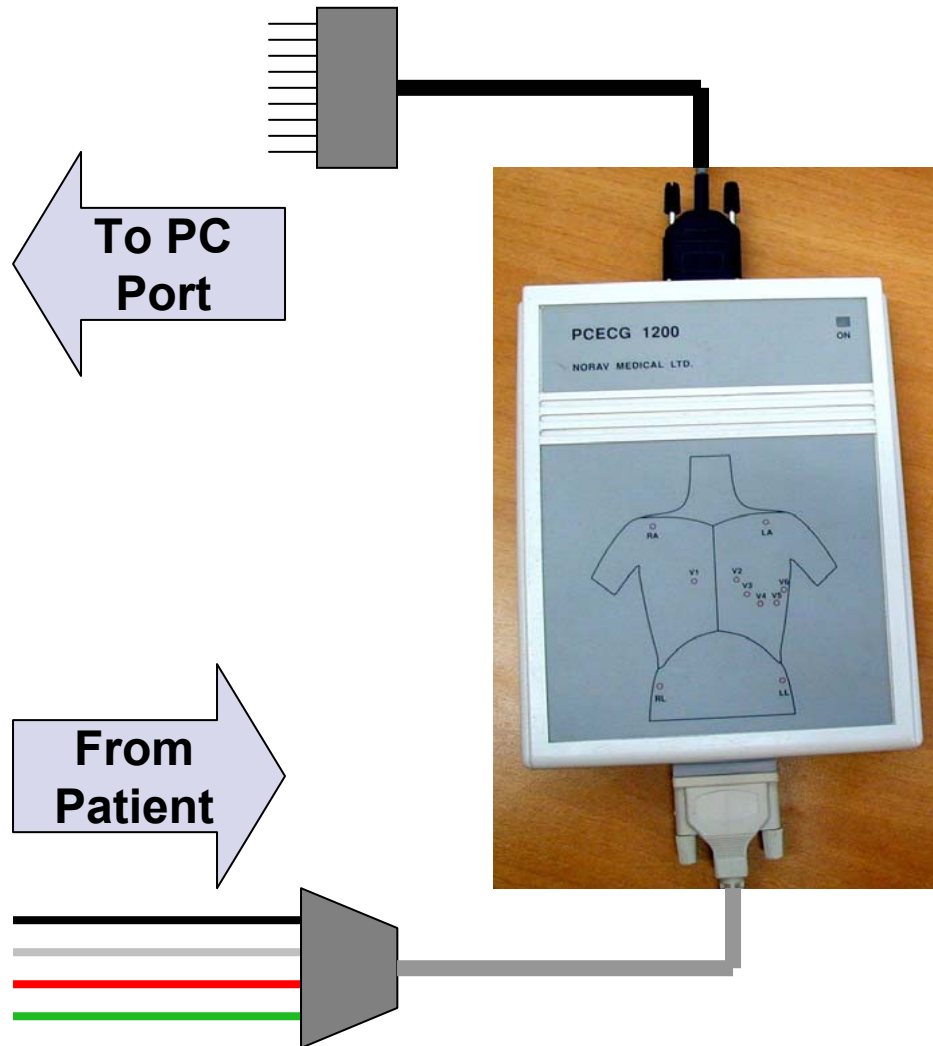


**Simultaneously**





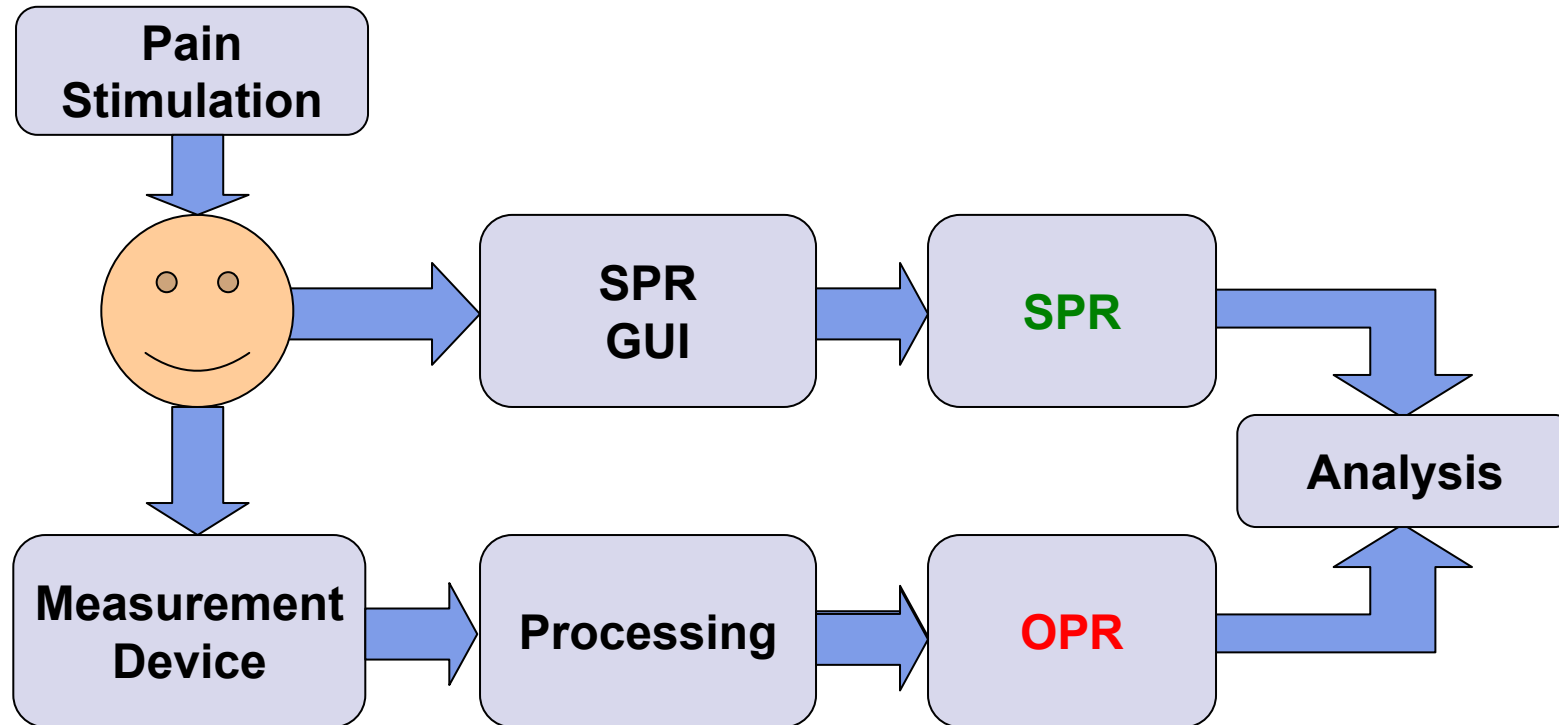
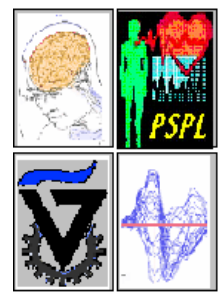
# Measurement Device

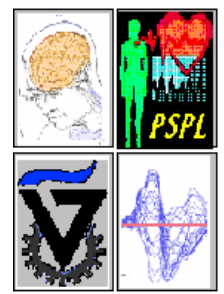


**PCECG 1200**  
**NORAV MEDICAL LTD.**

## Advantages

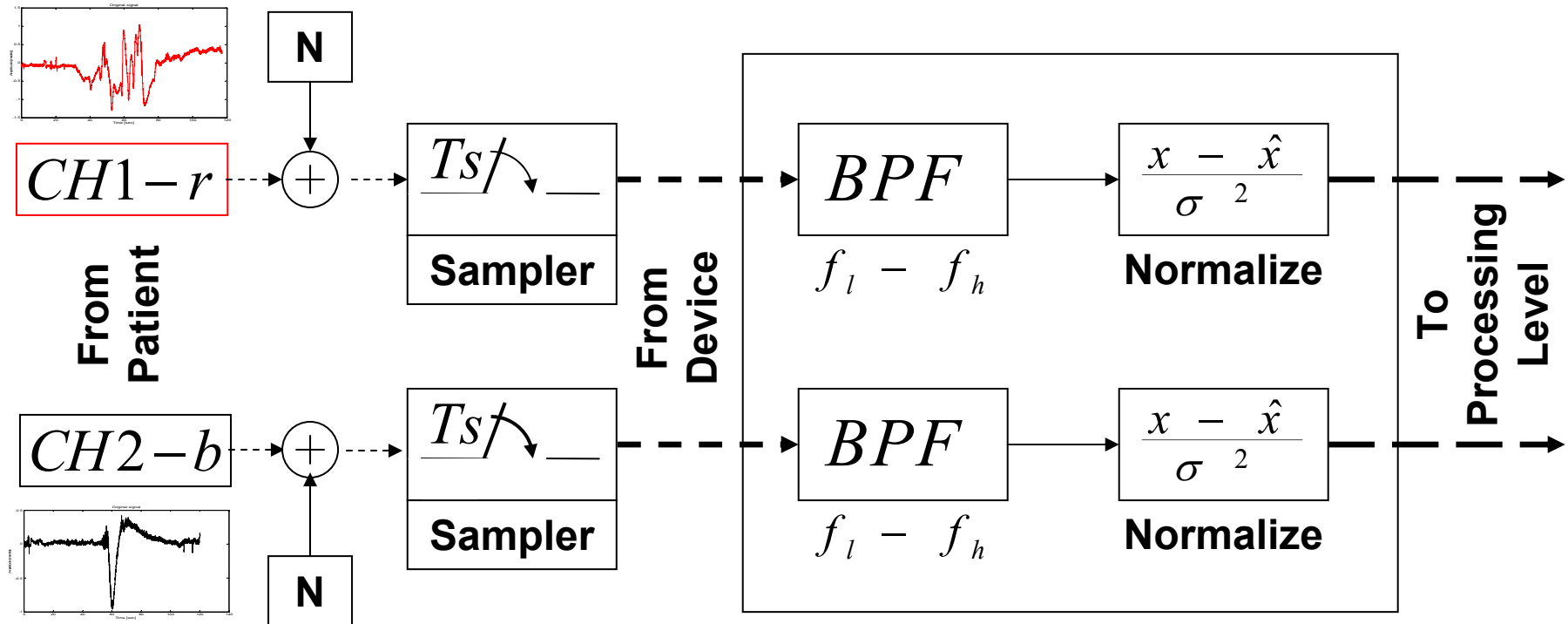
- Portable
- Friendly
- Cheap (1600\$)
- PC software
- Safe





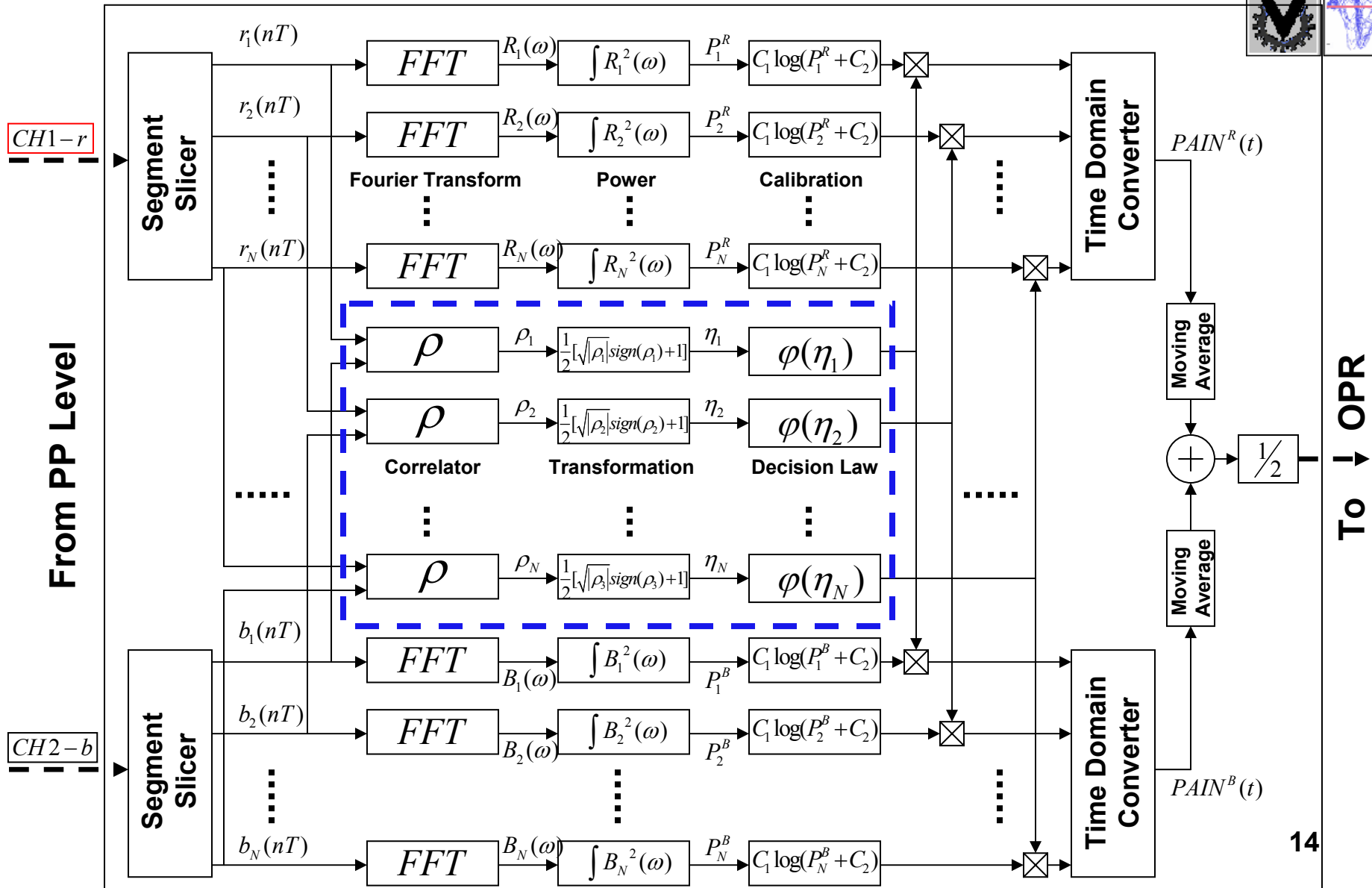
# Preprocessing

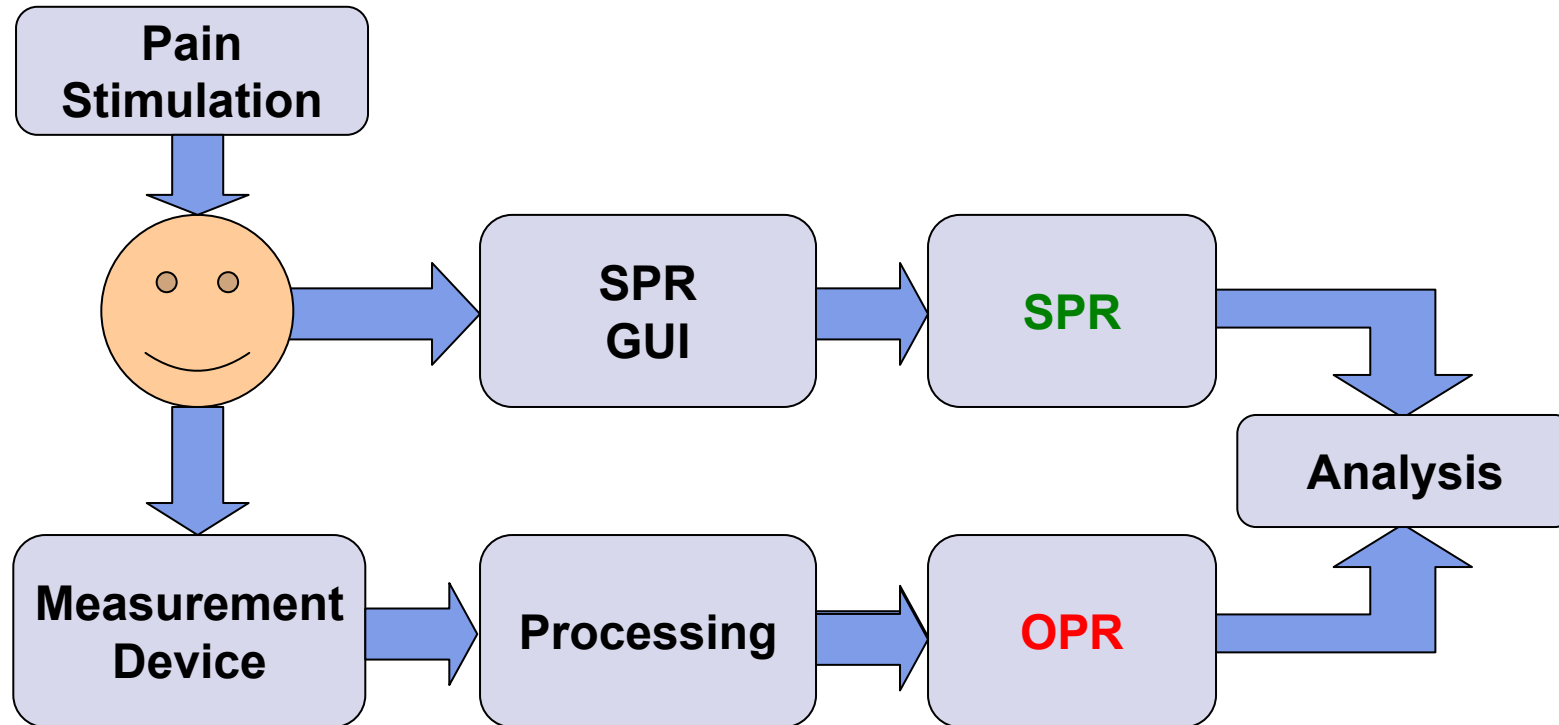
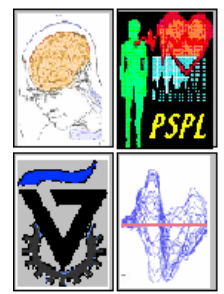
MATLAB 6.5 implemented

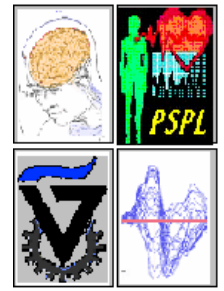


$$T_s = \frac{1}{f_s} = 4 \text{ [msec]} \quad f_l = 0.5 \text{ [Hz]} \quad f_h = 5 \text{ [Hz]}$$

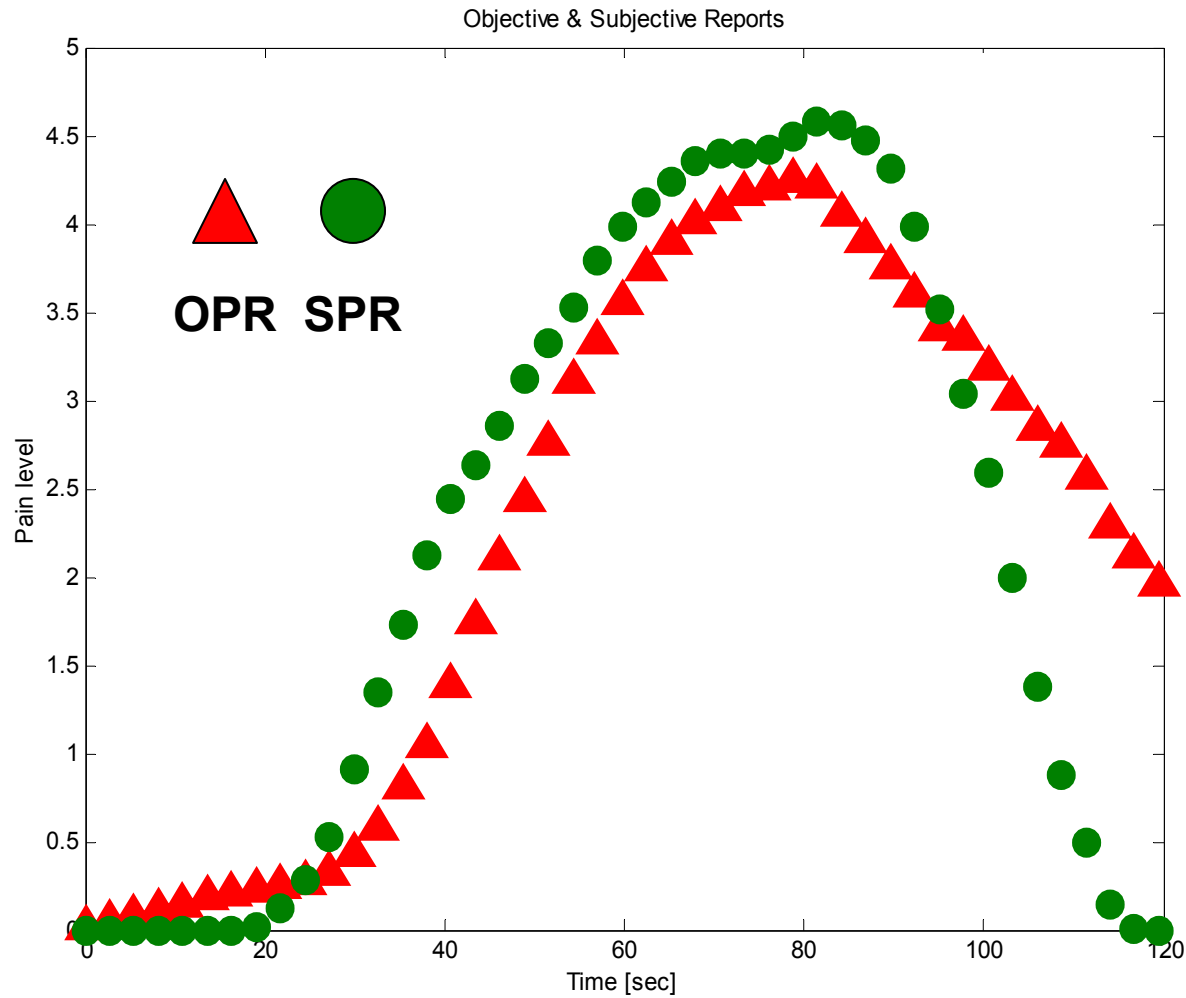
# Processing

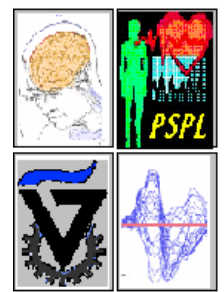






# OPR VS SPR





Subjective pain measurement

Objective pain measurement

Run

Stop

EXIT

Create save file

Time(sec): 2

10

9

8

7

6

5

4

3

2

1

0

0.0 Pain level

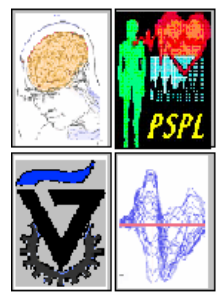
1

0

R1

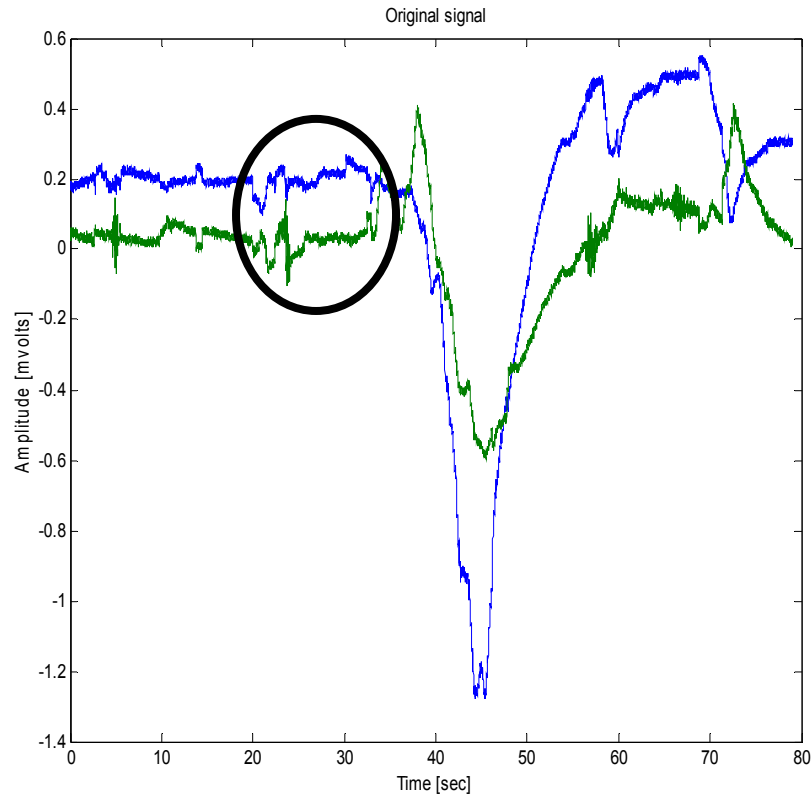
00

11

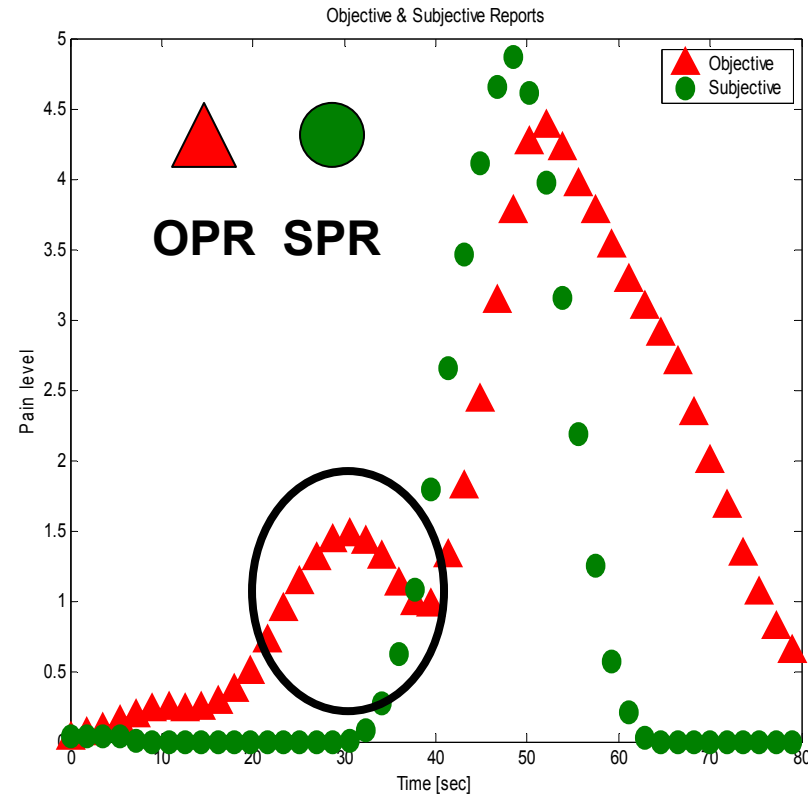


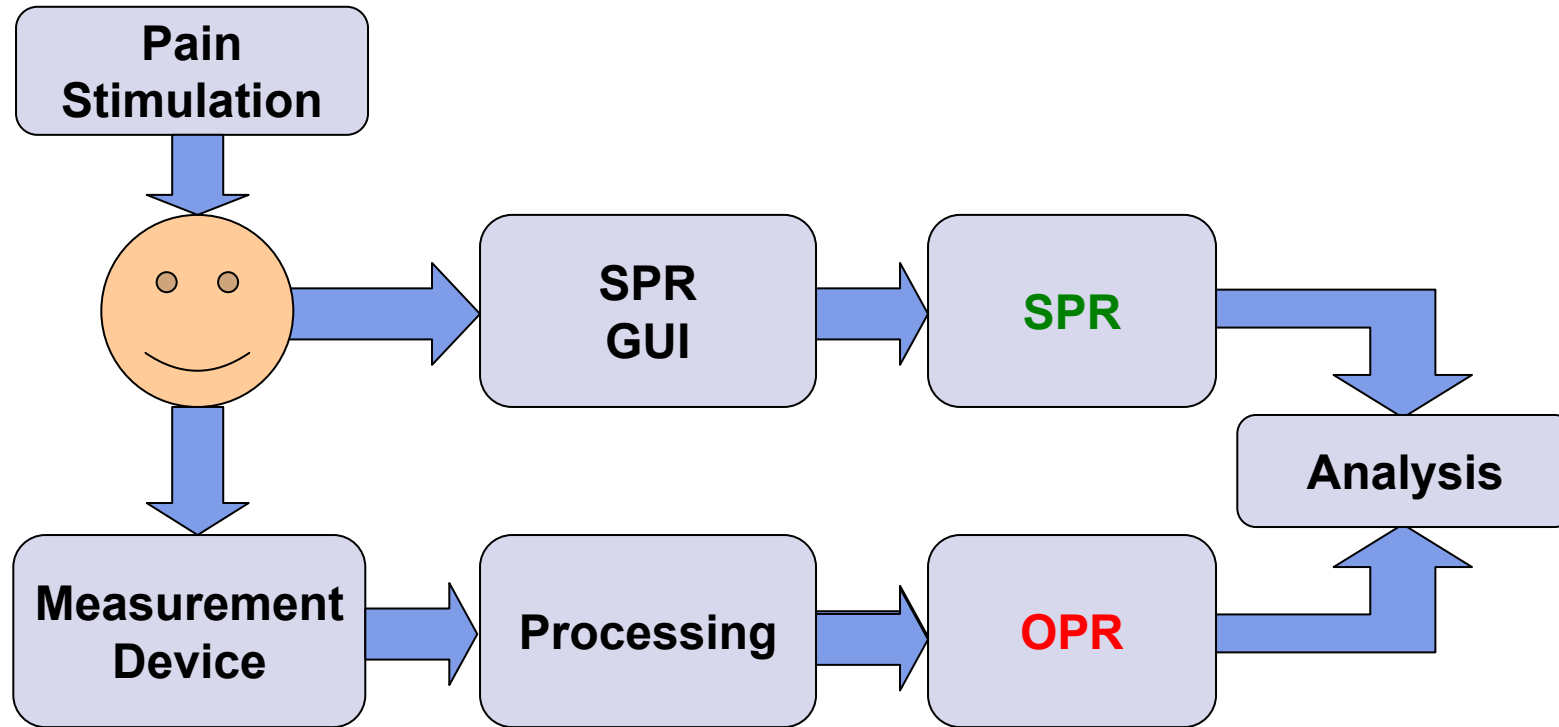
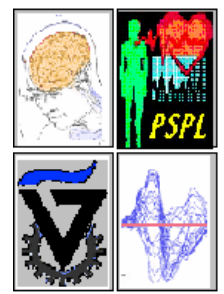
# Results

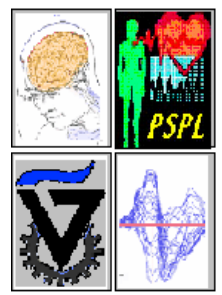
## Original Signal



## OPR VS SPR

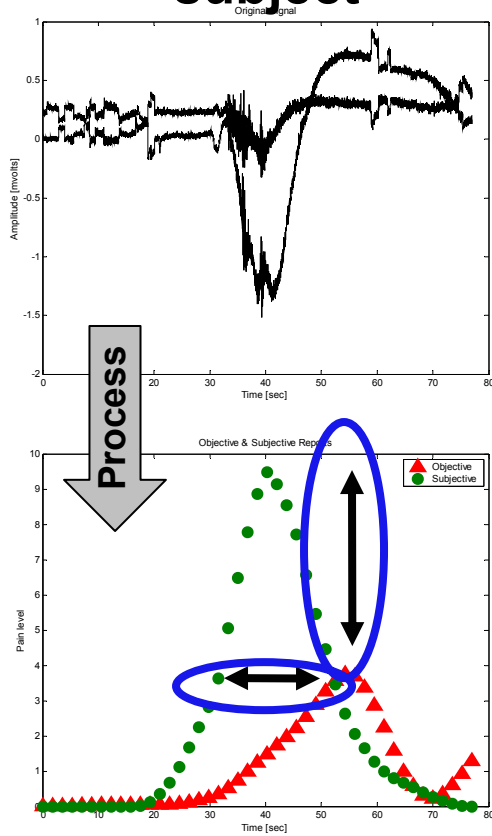




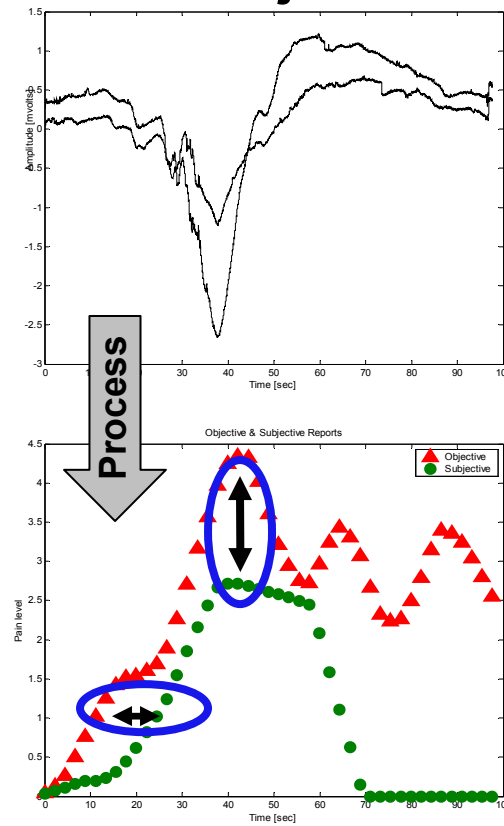


# Personality Effect

“Sensitive”  
subject



“Insensitive”  
subject

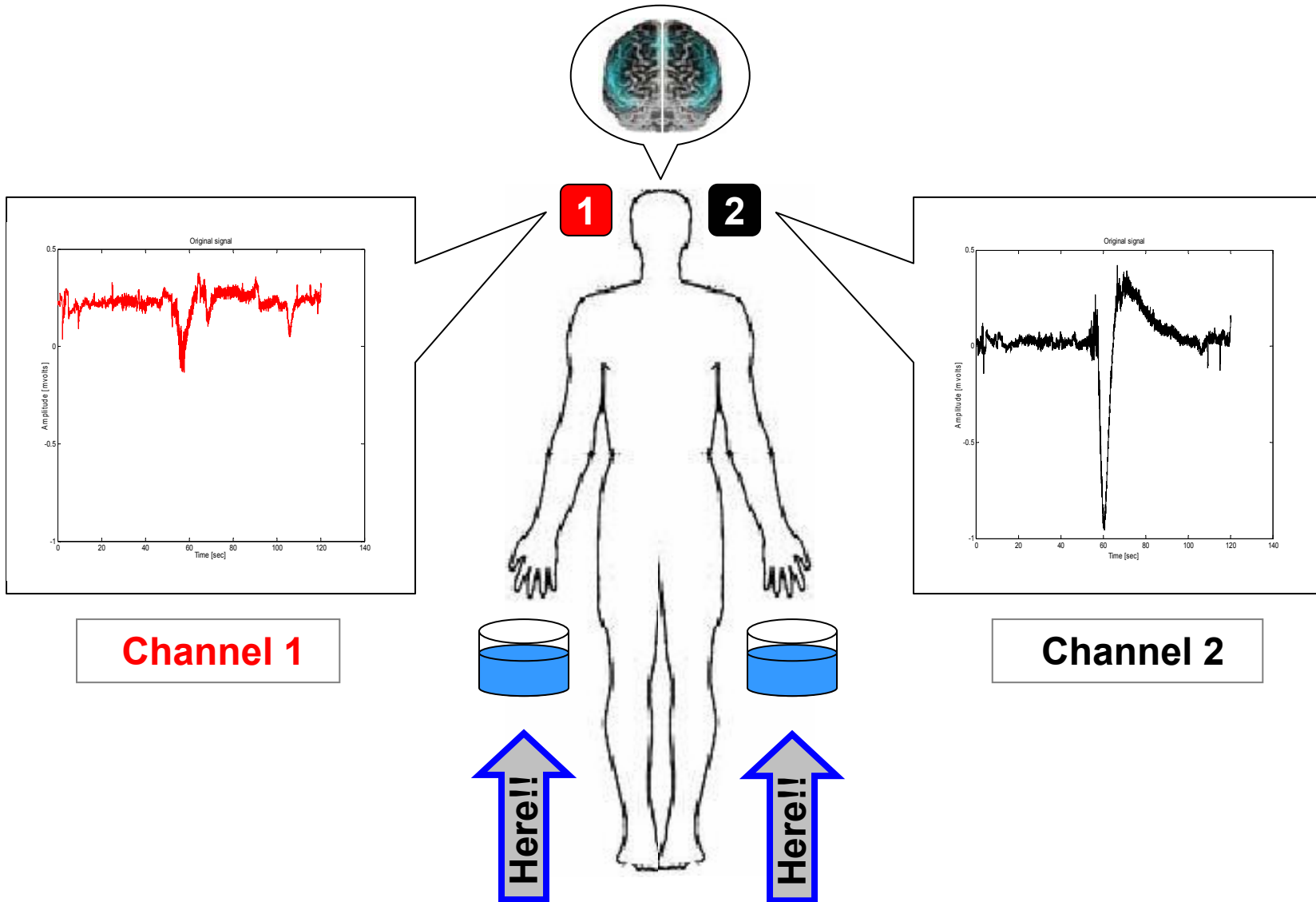
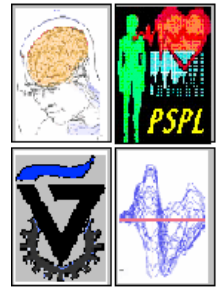


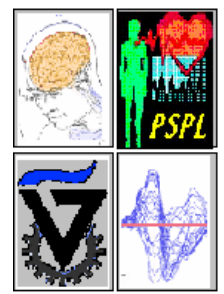
Latency Effect

● ▲  
SPR OPR

Exaggeration

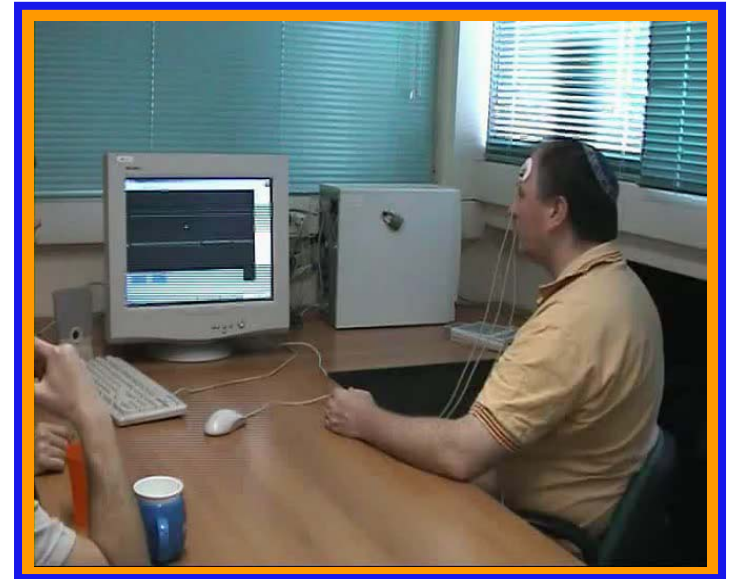
# Laterality Effect

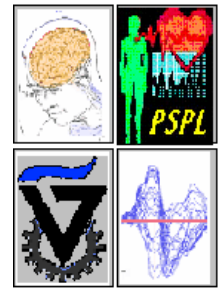




# Difficulties

- **No references or analogs!**
- Lack of signal (**depressing!**)
- **Noise** – vital for small signals
- Experiment Protocol
- Processing & Calibration – from **scratch**
- **One semester project** - Time consuming experimentation

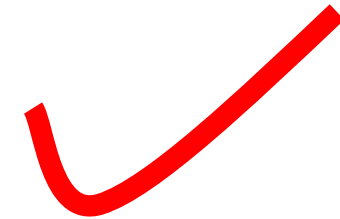




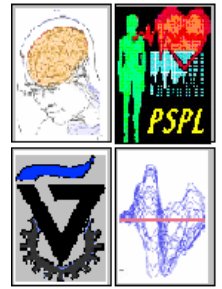
# The Problem

Objective **Pain** measurement  
Possible?

**YES!**

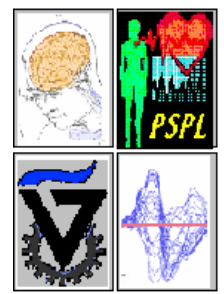


Goal – Check feasibility of an objective  
**pain** measurement system



# Conclusions

- Existence of signal **correlated** to pain
- Signal **dependence** on personal characteristics
- Processing allows **objective** pain assessment
- Pain signal **laterality**

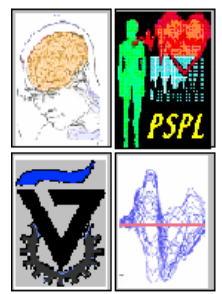


## Further R&D

- **Real-time OPR**
- **System calibration**
- **Pain source – internal/external**
- **Placebo effect**
- **Adaptation phenomenon**
- **Cooperation with Medicine faculty**

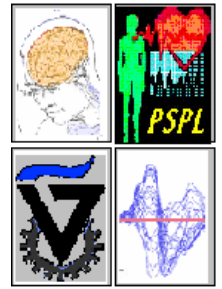
Θ ~~THANKS~~ Ω **Thanks to...** . . .

Oops!

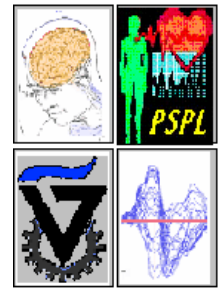


- **Dr. Danny Lange - Supervisor**
- **Mr. Johanan Erez – PSPL Engineer**
- **The rest of PSPL staff**
- **All the students that volunteered to our experiments**

End of slide show

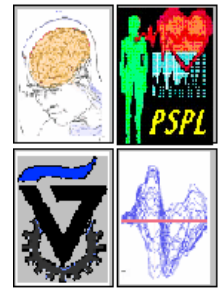


# Appendix



# Parasympathetic nervous system

A part of nervous system that serves to slow the heart rate, increase the intestinal and gland activity, and relax the sphincter muscles. The parasympathetic nervous system, together with the sympathetic nervous system (that accelerates the heart rate, constricts blood vessels, and raises blood pressure), constitutes the autonomic nervous system.



# Processing Notes

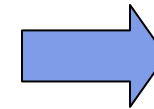
- Two “relevance” parameters were examined

- Correlation coefficient -  $\rho$**
- Coherence function -  $C_{xy}(\omega)$**

$$\rho = \frac{COV(X, Y)}{\sqrt{Var(X) * Var(Y)}}$$
$$C_{xy}(\omega) = \frac{|P_{xy}(\omega)|^2}{P_{xx}(\omega) * P_{yy}(\omega)}$$

Relevance  
Index

Coherence found to have no relation  
to pain signal appearance



$\rho$

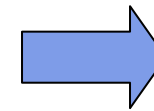
- Two power calculation methods were examined

- FFT method -  $F(\omega)$**
- Linear Prediction -  $P_{xx}(\omega)$**

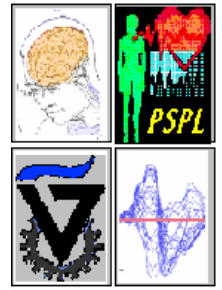
$$X(k) = \sum_{j=1}^N x(j) * \omega_N^{(j-1)(k-1)}$$
$$x(n) = \sum_{i=1}^P a_i * x(n-i) + e(n)$$

Power computation  
Method

FFT, at this case, performed better  
than Linear Prediction

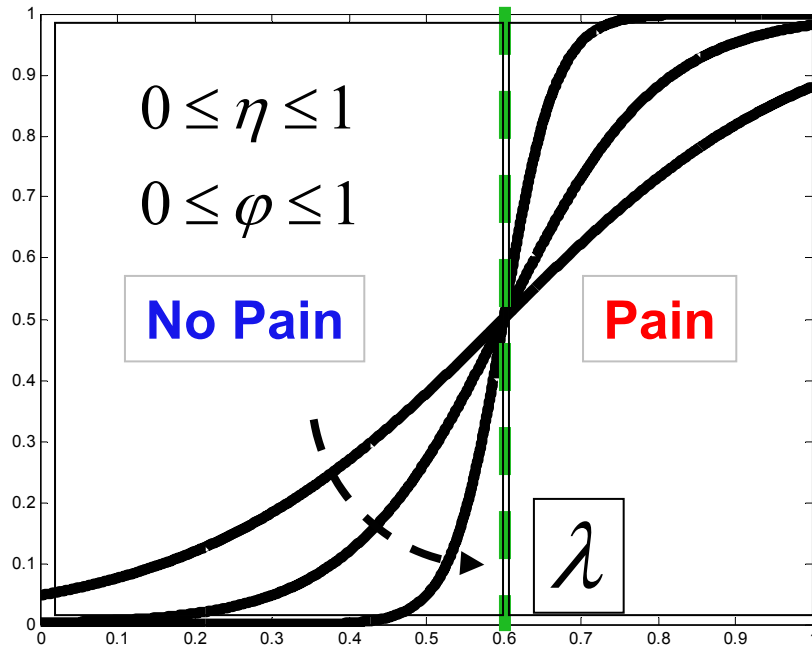


$FFT_{30}$



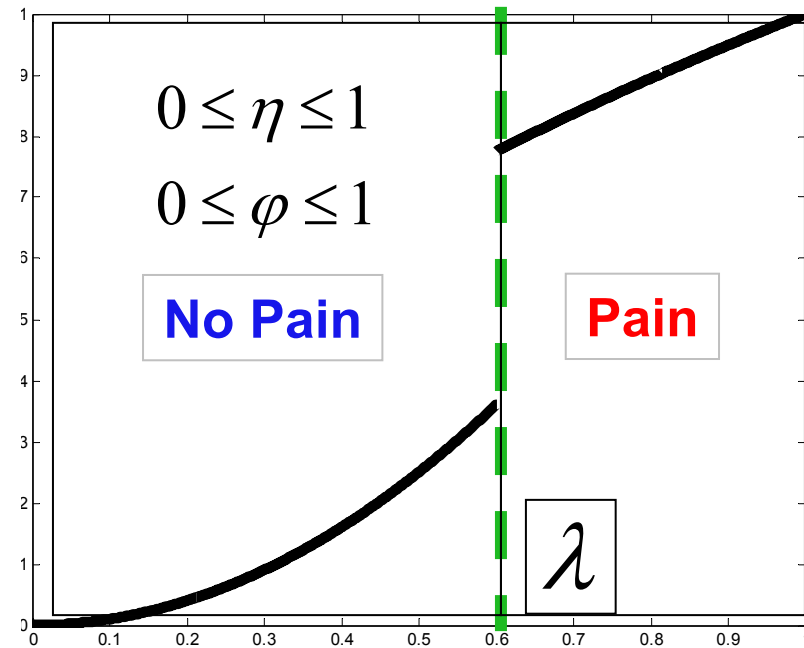
# Decision Law

## Possible

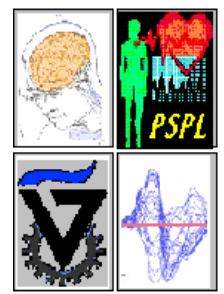


$$\varphi(\eta) = \frac{1}{e^{-\kappa(\eta-\lambda)} + 1}$$

## Applied



$$\varphi(\eta) = \begin{cases} \sqrt{\eta} & \text{for } \eta > \lambda \\ \eta^2 & \text{for } \eta < \lambda \end{cases}$$



# Calibration

- Obvious **signal dependence** on subject's Age, Gender etc.
- Leads to a **common approach** in medical equipment
- System calibrated with respect to **personal characteristics**
- Here, enabled by control over the **model parameters**:

$C_1, C_2$  – Constants     $\lambda$  – Decision Threshold

Empirically chosen

